Name:	<u>St.Vital Agricultural Society Membership Form</u> ( PLEASE USE ALL CAPITOL LETTERS EXCEPT EMAIL ADDRESS)			
Address:				
City:		Prov.	Postal (	Code:
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Payment Members <u>Privacy con</u> This inform Check this	hip questions can be	nade by email ( asurer@svas.c directed to: ormation you pro communicate wi	to St.Vital Agricu a pjmcfarlane@sh ovide will be for int th the membership above.	aw.ca ernal SVAS purposes only.
For Offic	e use only: Membe		Date:	
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